

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>010762579</i>	FILING DATE <i>9/27/00</i>
APPLICANT(S)	

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3						
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TOTAL IND.	Q		↓		↓	
TOTAL DEP.	G		↔		↔	
TOTAL CLAIMS	II					

#	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS